

REQUEST TO DONATE ANNUAL LEAVE				INSTRUCTIONS: Submit original only.	
PART I - TO BE COMPLETED BY EMPLOYEE DONATING LEAVE					
TO: DASC-KSR		FROM: NAME (Last, First, MI)		OFC SYMBOL	TELEPHONE
		POSITION TITLE		GRADE AND PAY LEVEL	
NO. OF HOURS OF ACCRUED ANNUAL LEAVE TO BE DONATED:					
NAME OF DESIRED LEAVE RECIPIENT:					
LEAVE RECIPIENT'S LOCATION: (Agency/Activity/Organization/ Duty Station)					
HAVE YOU PREVIOUSLY DONATED ANNUAL LEAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, HOW MANY HOURS WERE DONATED? _____ WHEN? _____ (Date)					
I UNDERSTAND that the confidentiality of my donation will be protected by everyone who is engaged in the processing of this donation.		SIGNATURE OF EMPLOYEE			DATE
PART II - OFFICE OF CIVILIAN PERSONNEL					
TO: DFAS-CO-AEP		FROM: DLA Administrative Support Center Office of Civilian Personnel (DASC-KSR) Cameron Station Alexandria, VA 22304-6130		INFORMATION COPY TO:	
FINANCE OFFICE INDIVIDUAL WHO FURNISHED INFORMATION		AS OF DATE	ANNUAL LEAVE BALANCE	LEAVE EARNING CATEGORY	
Employee's request to donate _____ hours of annual leave <input type="checkbox"/> is <input type="checkbox"/> is not <input type="checkbox"/> other: _____ in consonance with applicable personnel regulations.					
Annual leave should be transferred from the account of above donor to leave account of _____ (Recipient) _____ as specified on recipient's Request for Leave Transfer, DSC Form 387. (Recipient's Organization)					
REMARKS					
CHIEF, EMPLOYEE RELATIONS BRANCH (Typed Name)			SIGNATURE		DATE

PREVIOUS EDITION IS OBSOLETE.